

CHRISTMAS AT THE GREENBRIER & HOMESTEAD



Join us on **Sunday, December 9, 2012** as we travel to Hot Springs Virginia to enjoy the Christmas at The Homestead. The facilities, services and décor characterize an upscale property. You will have an opportunity to take a self-guided tour through the historic resort, relax in the elegant lobbies, shop in one of the 20 unique specialty shops and view the magnificent Christmas decorations. You will have a picture stop at Falling Springs Falls and then be treated to an all inclusive lunch at the Court Street Restaurant in Covington, Virginia. After lunch we will proceed to the Greenbrier Resort in White Sulphur Springs, West Virginia. As you enjoy Christmas at the Greenbrier you will take a self-guided tour which showcases the grand resorts flamboyant interior design, which spans a range of eras, employs vibrant colors and striking patterns. The resort will be all decked out for the Christmas season.

- Price Per Person:** \$69. Seats on the bus are assigned in order that payment is received.
- Price Includes:** Roundtrip motorcoach transportation, an all inclusive lunch at the Court Street Restaurant, visit to the Homestead Resort, visit to the Greenbrier Resort, picture stop at Falling Springs Falls, picture stop at Humpback Covered Bridge and a tour host.
- Date:** Sunday, December 9, 2012
- Departure:** The bus will depart 7:00am from Walmart in Rocky Mount.
- Cancellation Policy:** The trip is based on a minimum amount of paid participants by November 23, 2012. If we should cancel the trip a full refund will be given. If you cancel prior to November 23 a refund less \$20 ticket penalty will be issued. After November 23, 2012 there will be no refunds.
- RESERVATIONS:** Send the completed registration form below along with a check made payable to **Roanoke Tours, Inc.** to Franklin County Parks & Recreation at 2150 Sontag Road Rocky Mount, VA 24151.

For further information call Ernie Dale at 540-366-2888 or erniedale@aol.com

**Franklin County Parks and Recreation Registration
and Liability Waiver Form – 2012 Christmas @ the Greenbrier Trip**

Name _____ Age _____
_____ Age _____
_____ Age _____
_____ Age _____

Mailing Address _____

City _____ Zip _____

Email Address _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Number of Reservations: _____ x \$69.00 = \$_____ (amount enclosed)

I understand the importance of following all rules and regulations relating to this activity, including the instructions of the person/or persons supervising this activity and/or the requirements of the person or entity responsible for the area where the activity is to take place. I agree to follow and comply with all such rules, regulations, instructions, and/or requirements.

I understand that it is important that I be in good physical condition when I agree in the activity, and understand that it is my responsibility to maintain an activity level that is compatible with my physical condition and skill level.

I hereby expressly assume the risk of any physical injury or other loss that I might sustain as the result of participating in this activity and any transportation related thereto. I further understand that there may be risk of injury in traveling to and from the area where the activity will take place.

I also expressly waive and covenant not to sue on any claim I might have against the County of Franklin, or any officer or employee of the County, or any volunteer, or the estate or representatives of such persons for any personal injury or loss that I might sustain as the result of engaging in any activity relating to this program whether caused by negligence, breach of contract, or otherwise: except that this waiver shall not apply to any claim I might have against the County (or its agents) for any such personal injury or loss I might sustain arising out of gross or wanton negligence of any such person or entity. **I also give permission to be photographed and used in any form of publication to promote Franklin County Parks and Recreation.**

Signature of Parent / Guardian _____
(if participant is under 18 years of age)

I have the following physical impairments or medical conditions, including allergic reactions:

Current medications that participant is taking now:

Name of Emergency Contact: _____

Emergency Contact Phone Number: _____